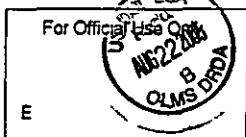


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 10567	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name CINDY K SMITH P O Box Bldg Room No if any Street 2918 N WEST AVENUE City FRESNO State CALIFORNIA ZIP Code + 4 93705-3999	4 Name file number and address of labor organization Name UFCW LOCAL UNION 45D Labor Organization File Number 008-472 P O Box Building and Room Number if any Street 2918 N WEST AVENUE City FRESNO State CALIFORNIA ZIP Code + 4 93705-3999
5 Position in labor organization RECORDER	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

76 4-1

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

In some cases, I have provided reasonable estimates in good faith I will file an amended Form LM-30 for 2004 if more complete information becomes available

Signed

Cindy K Smith

On

8-10-05

Date

559-226-5045

Telephone Number

Name of Person Filing CINDY K SMITH	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name CALIFORNIA WINERY WORKERS PENSION PLAN Trade Name if any _____ P O Box Bldg Room No if any P O BOX 9800 Street 770 E SHAW AVENUE, STE 200 City FRESNO State CALIFORNIA ZIP Code + 4 93720-7708	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
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10 If 9 b or 9 c is checked give trust or employer's name Name CALIFORNIA WINERY WORKERS PENSION PLAN Trade Name if any _____ P O Box Bldg Room No if any P O BOX 9800 Street 770 E SHAW AVENUE, STE 200 City FRESNO State CALIFORNIA ZIP Code + 4 93720-7708	11 a Nature of such dealing PENSION CONTRIBUTION REQUIRED BY CBA <hr/> 11 b Approximate dollar value of such dealing \$1,095,598 00 12 a Nature of interest held or income received Reimb expenses for Travel & Lodging <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">2/19/04 TRUSTEE MTG 1/29&30/04</td> <td style="width: 20%; text-align: right;">\$302 86</td> </tr> <tr> <td>4/28/04 IFEBP AirFare 11/2004</td> <td style="text-align: right;">\$470 40</td> </tr> <tr> <td>5/06/04 TRUSTEE MTG 4/29&30/04</td> <td style="text-align: right;">\$353 07</td> </tr> <tr> <td>8/05/04 TRUSTEE MTG 7/29&30/04</td> <td style="text-align: right;">\$246 87</td> </tr> <tr> <td>8/31/04 IFEBP 11/2004</td> <td style="text-align: right;">\$1795 00</td> </tr> <tr> <td>12/14/04 IFEBP 11/2004</td> <td style="text-align: right;">\$230 63</td> </tr> </table>	2/19/04 TRUSTEE MTG 1/29&30/04	\$302 86	4/28/04 IFEBP AirFare 11/2004	\$470 40	5/06/04 TRUSTEE MTG 4/29&30/04	\$353 07	8/05/04 TRUSTEE MTG 7/29&30/04	\$246 87	8/31/04 IFEBP 11/2004	\$1795 00	12/14/04 IFEBP 11/2004	\$230 63
2/19/04 TRUSTEE MTG 1/29&30/04	\$302 86												
4/28/04 IFEBP AirFare 11/2004	\$470 40												
5/06/04 TRUSTEE MTG 4/29&30/04	\$353 07												
8/05/04 TRUSTEE MTG 7/29&30/04	\$246 87												
8/31/04 IFEBP 11/2004	\$1795 00												
12/14/04 IFEBP 11/2004	\$230 63												
12 b Amount \$3,398 83													

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment <div style="height: 100px; border: 1px solid black;"></div>
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.

Name of Person Filing	CINDY K SMITH	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name, McMORGAN & COMPANY</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street ONE BUSH STREET, STE 800</p> <p>City SAN FRANCISCO</p> <p>State CALIFORNIA ZIP Code + 4 94104-4425</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name CALIFORNIA WINERY WORKERS PENSION PLAN</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any P O BOX 9800</p> <p>Street 770 E. SHAW AVENUE</p> <p>City FRESNO</p> <p>State CALIFORNIA ZIP Code + 4 93710-7708</p>	<p>11 a Nature of such dealing</p> <p>INVESTMENT SERVICES TO PENSION PLAN</p> <p>11 b Approximate dollar value of such dealing \$788,617 00</p> <p>12 a Nature of interest held or income received</p> <p>1/29/04 HOSTED DINNER - VALUE OF SUCH DEALING IS UNKNOWN</p> <p>12 b Amount UNKNOWN</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment.</p>

Name of Person Filing CINDY K SMITH	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name: BENEFIT ADMINISTRATION CORPORATION Trade Name if any _____ P O Box Bldg Room No if any P O BOX 9800 Street 770 E SHAW AVENUE City FRESNO State CALIFORNIA ZIP Code + 4 93710-7708	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
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10 If 9 b or 9 c is checked give trust or employer's name Name: CALIFORNIA WINERY WORKERS PENSION PLAN Trade Name if any _____ P O Box Bldg Room No if any P O BOX 9800 Street 770 E SHAW AVENUE City FRESNO State CALIFORNIA ZIP Code + 4 93710-7708	11 a Nature of such dealing ADMINISTRATIVE SERVICES TO PENSION PLAN <hr/> 11 b Approximate dollar value of such dealing \$277,693 95 12 a Nature of interest held or income received 12/1/04 IFEBP 11/2004 HOSTED DINNER VALUE OF SUCH DEALING IS UNKNOWN <hr/> 12 b Amount UNKNOWN
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C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment

Name of Person Filing	CINDY K SMITH	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name: UNION BANK OF CALIFORNIA</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 475 SANSOME STREET, 12th FLOOR</p> <p>City SAN FRANCISCO</p> <p>State CALIFORNIA ZIP Code + 4 94111-3142</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p>X b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name: CALIFORNIA WINERY WORKERS PENSION PLAN</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any P.O. Box 9800</p> <p>Street 770 E SHAW AVENUE</p> <p>City FRESNO</p> <p>State CALIFORNIA ZIP Code + 4 93710-7708</p>	<p>11 a Nature of such dealing</p> <p>BANKING & CO-TRUSTEE SERVICES</p> <p>11 b Approximate dollar value of such dealing \$71,558 66</p> <p>12 a Nature of interest held or income received</p> <p>12/1/04 IFEBP 11/2004 HOSTED DINNER</p> <p>VALUE OF SUCH DEALING IS UNKNOWN</p> <p>12 b Amount UNKNOWN</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>